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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation
MID-IOWA HEALTH FOUNDATION

A Employer identification number
42-1235348

Number and street (or P O box number if mail is not delivered to street address)
3900 INGERSOLL AVE NO 104

Room/suite

B Telephone number (see instructions)
(515) 277-6411

City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 503123535

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 15,772,354

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	26	26		
	4 Dividends and interest from securities	231,929	231,929		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	853,355			
	b Gross sales price for all assets on line 6a 5,124,864				
	7 Capital gain net income (from Part IV, line 2)		853,355		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	1,085,310	1,085,310		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	98,930	7,914		91,016
	14 Other employee salaries and wages	75,000	0		75,000
	15 Pension plans, employee benefits	33,295	1,177		32,118
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	12,200	0		12,200
	c Other professional fees (attach schedule)	77,017	71,617		5,400
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	18,350	4,666		0
	19 Depreciation (attach schedule) and depletion	1,595	0		
	20 Occupancy	14,398	0		14,398
	21 Travel, conferences, and meetings	15,196	0		15,196
	22 Printing and publications	4,422	0		4,422
	23 Other expenses (attach schedule)	15,718	0		15,718
	24 **Total operating and administrative expenses.** Add lines 13 through 23	366,121	85,374		265,468
	25 Contributions, gifts, grants paid	572,046			492,046
	26 **Total expenses and disbursements.** Add lines 24 and 25	938,167	85,374		757,514
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	147,143			
	b **Net investment income** (if negative, enter -0-)		999,936		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	10,084	10,058	10,058
	2 Savings and temporary cash investments	351,769	191,709	191,709
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	4,618		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	6,219,299	6,528,625	6,528,625
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	9,259,670	9,037,013	9,037,013
	14 Land, buildings, and equipment basis ▶ 19,776			
	Less accumulated depreciation (attach schedule) ▶ 14,827	4,356	4,949	4,949
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	15,849,796	15,772,354	15,772,354
Liabilities	17 Accounts payable and accrued expenses	2,488	22,686	
	18 Grants payable		80,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	41,000	35,079	
	23 **Total liabilities** (add lines 17 through 22)	43,488	137,765	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	15,806,308	15,634,589	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	15,806,308	15,634,589	
	31 **Total liabilities and net assets/fund balances** (see instructions)	15,849,796	15,772,354	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	15,806,308
2	Enter amount from Part I, line 27a	2	147,143
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	15,953,451
5	Decreases not included in line 2 (itemize) ▶	5	318,862
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	15,634,589

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	INVESTMENT SALES			
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	4,931,036		4,271,509	659,527
b	193,828			193,828
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				659,527
b				193,828
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	853,355
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	739,076	14,580,962	0 050688
2012	744,380	13,648,124	0 054541
2011	684,715	13,896,275	0 049273
2010	713,859	13,253,051	0 053864
2009	774,680	12,160,790	0 063703

2	**Total** of line 1, column (d)	2	0 272069
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 054414
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	15,699,162
5	Multiply line 4 by line 3	5	854,254
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	9,999
7	Add lines 5 and 6	7	864,253
8	Enter qualifying distributions from Part XII, line 4	8	757,514

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	19,999
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	19,999
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	19,999
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 19,720		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	19,720
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	279
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW MIDIOWAHEALTH ORG

14 The books are in care of ▶ SUZANNE MINECK Telephone no ▶ (515) 277-6411

Located at ▶ 3900 INGERSOLL AVE SUITE 104 DES MOINES IA ZIP+4 ▶ 503123535

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
DENISE SWARTZ 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	PROGRAM OFFICER 40 00	75,000	5,250	0

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	15,649,999
b	Average of monthly cash balances		1b	288,237
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	15,938,236
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	15,938,236
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	239,074
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	15,699,162
6	**Minimum investment return.** Enter 5% of line 5		6	784,958

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6		1	784,958
2a	Tax on investment income for 2014 from Part VI, line 5	2a 19,999		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	19,999
3	Distributable amount before adjustments Subtract line 2c from line 1		3	764,959
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	764,959
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	764,959

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	757,514
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	757,514
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	757,514

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				764,959
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009 171,200				
b From 2010 63,386				
c From 2011 2,038				
d From 2012 94,556				
e From 2013 29,745				
f **Total** of lines 3a through e	360,925			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 757,514				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2014 distributable amount				757,514
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014	7,445			7,445
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	353,480			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	163,755			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	189,725			
10 Analysis of line 9				
a Excess from 2010 63,386				
b Excess from 2011 2,038				
c Excess from 2012 94,556				
d Excess from 2013 29,745				
e Excess from 2014				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SUZANNE MINECK MID-IOWA HEALTH FOUN
3900 INGERSOLL AVE SUITE 104
DES MOINES,IA 503123535
(515) 277-6411

b The form in which applications should be submitted and information and materials they should include

AN APPLICATION FORM IS AVAILABLE FROM THE ORGANIZATION'S WEBSITE AT WWW MIDIOWAHEALTH ORG/GRANTS

c Any submission deadlines

ANNUALLY BY NOON ON OCTOBER 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

HEALTHCARE SAFETY NET GRANTS WILL NOT BE GIVEN TO INDIVIDUALS, SCHOLARSHIPS, CONFERENCE REGISTRATION FEES, PROGRAMS THAT PROMOTE RELIGIOUS ACTIVITIES, GENERAL OPERATIONS OR SPECIAL CAMPS OF DISEASE- OR CONDITION-SPECIFIC ORGANIZATIONS, CAPITAL CAMPAIGNS, ENDOWMENT CAMPAIGNS, DEBT REDUCTION, OR FUND RAISING EVENTS CHILDREN'S HEALTHY DEVLOPMENT GRANTS ARE BY INVITATION FROM MID-IOWA HEALTH ONLY

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				492,046
b *Approved for future payment* YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES,IA 50309			COMMITMENT TO SANCTUARY AND TRAUMA INFORMED CARE	80,000
Total . . . . . ▶ **3b**				80,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	26	
4 Dividends and interest from securities			14	231,929	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	853,355	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		1,085,310	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,085,310

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash	1a(1)		No
(2)	Other assets	1a(2)		No
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization	1b(1)		No
(2)	Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3)	Rental of facilities, equipment, or other assets	1b(3)		No
(4)	Reimbursement arrangements	1b(4)		No
(5)	Loans or loan guarantees	1b(5)		No
(6)	Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

****** | 2015-05-12 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
LYLE D REICHTER		2015-05-12		P00065165

Firm's name ▶ CORWIN REICHTER & COMPANY PC

Firm's EIN ▶ 42-1046003

Firm's address ▶ 1055 JORDAN CREEK PKWY SUITE 120 WEST DES MOINES, IA 502665821

Phone no (515) 309-0215

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
THOMAS JESCHKE 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
NOLDEN GENTRY 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
ROB HAYES 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	VICE-CHAIR 1 00	0	0	0
TEREE CALDWELL-JOHNSON 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
JUDITH VOGEL 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
BECKY MILES-POLKA 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	CHAIR 1 00	0	0	0
MATTHEW MCGARVEY 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
CHERYL HARDING 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	SECRETARY/TREASURER 1 00	0	0	0
LIBBY JACOBS 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
HAYLEY L HARVEY 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
SCOTT L WILSON 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	DIRECTOR 1 00	0	0	0
SUZANNE MINECK 3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312	PRESIDENT 40 00	98,930	7,275	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMANDA THE PANDA 1821 GRAND AVENUE DES MOINES,IA 50265			DIRECTOR DESIGNATED GRANT	500
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES,IA 50309			DEVELOPING BRAIN, DEVELOPING ACCOUNTABILITY CONFERENCE	3,500
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES,IA 50309			COMMUNITY INTRODUCTION TO EARLY BRAIN DEVELOPMENT	5,000
BRIDGES OF IOWA INC 1211 VINE STREET WEST DES MOINES,IA 50265			IN HONOR OF NOLDEN GENTRY'S RETIREMENT	250
BRIDGES OF IOWA INC 1211 VINE STREET WEST DES MOINES,IA 50265			DIRECTOR DESIGNATED GRANT	500
CATHOLIC CHARITIES 601 GRAND AVENUE DES MOINES,IA 50309			COMMUNITY OUTREACH PROGRAM/SPANISH LANGUAGE COUNSELING	20,000
CENTRAL IOWA SHELTER AND SERVICES 1420 MULBERRY STREET DES MOINES,IA 50309			CLIENT IMPACT/STAFF SUCCESS TRAINING, EDUCATION AND IMPLEMENTATION FOR PROCESS IMPROVEMENT IN TRAUMA AND BEHAVIORAL HEALTH ISSUES	15,000
CHILD AND FAMILY POLICY CENTER 505 5TH AVE STE 404 DES MOINES,IA 50309			CHILD HEALTH POLICY, THE 2015 LEGISLATIVE SESSION, AND ACES	30,000
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES,IA 50314			TEEN RECOVERY OUTPATIENT PROGRAM	20,000
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES,IA 50314			2014 YOUTH PHILANTHROPY & SERVICE CAMP	2,831
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES,IA 50314			UVOICE YOUTH PHILANTHROPY BOARD	22,909
DALLAS COUNTY HOSPITAL FOUNDATION INC 610 10TH STREET PERRY,IA 50220			COORDINATING OUTREACH AND ACCESS TO CARE FOR HOSPITAL EMERGENCY DEPARTMENT	15,000
DES MOINES HEALTH CENTER 1111 NINTH STREET STE 190 DES MOINES,IA 50314			SMILE SQUAD ORAL HEALTH PROGRAM	20,000
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER 2309 EUCLID AVENUE DES MOINES,IA 50310			EMBARC'S HEALTH NAVIGATOR PROJECT	20,000
GRANTMAKERS IN HEALTH 1130 CONNECTICUT AVENUE NW STE 700 WASHINGTON,DC 20036			GENERAL OPERATING, TECHNICAL ASSISTANCE	2,875
Total . . . . . ▶ **3a**				492,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DES MOINES COMMUNITY FOUNDATION 1915 GRAND AVE DES MOINES,IA 50309			IGNITE INNOVATION CHALLENGE	5,000
IOWA CAREGIVERS ASSOCIATION 1231 8TH STREET 236 WEST DES MOINES,IA 50265			ORAL HEALTH EDUCATION FOR DIRECT CAREGIVERS	42,000
ISED VENTURES 1111 NINTH ST STE 380 DES MOINES,IA 50314			OPERATION OUTREACH	4,466
LUTHERAN SERVICES OF IOWA 3125 COTTAGE AVE DES MOINES,IA 50311			HEALTHY FAMILIES AMERICA REFUGEE EXPANSION	32,665
MENTOR IOWA 3900 INGERSOLL AVE STE 102 DES MOINES,IA 50312			IN HONOR OF NOLDEN GENTRY'S RETIREMENT	250
OAKRIDGE NEIGHBORHOOD SERVICES 1236 OAKRIDGE DRIVE DES MOINES,IA 50314			CHECK OUT OUR HOOD VOICES AND VIEWS	2,500
OAKRIDGE NEIGHBORHOOD SERVICES 1236 OAKRIDGE DRIVE DES MOINES,IA 50314			DIRECTOR DESIGNATED GRANT	1,000
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES,IA 50312			SANCTUARY MODEL TRANSFORMING MENTAL HEALTH SERVICES TO REBUILD SAFETY, RESILIENCY AND HOPE	45,000
PLANNED PARENTHOOD OF THE HEARTLAND 1171 7TH STREET DES MOINES,IA 50314			INTEGRATED CARE FOR AT-RISK YOUTH AND YOUNG ADULTS	15,000
POLK COUNTY HEALTH DEPARTMENT 1907 CARPENTER AVENUE DES MOINES,IA 50314			HEALTH ACCESS BARRIERS PROJECT	7,000
PREVENT CHILD ABUSE IOWA 515 FIFTH AVE STE 900 DES MOINES,IA 50309			BEST PRACTICES IN ACES RESPONSE PROJECT	18,000
PRIMARY HEALTH CARE INC 9943 HICKMAN ROAD STE 105 URBANDALE,IA 50322			CENTRALIZED INTAKE FOR HOMELESS INDIVIDUALS AND FAMILIES IN CENTRAL IOWA-- THE COMMUNITY'S 3-YEAR IMPLEMENTATION	25,000
TORI'S ANGELS 4677 PANORAMA DRIVE PANORA,IA 50216			DIRECTOR DESIGNATED GRANT	500
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES,IA 50314			ADVERSE CHILDHOOD EXPERIENCE RESPONSE TOOLKIT	6,800
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES,IA 50314			UNITED WAY OF CENTRAL IOWA AND COMMUNITY PARTNERS MENTAL HEALTH STUDY	8,000
Total . . . . . ▶ **3a**				492,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE SERVICES 1111 NINTH STREET STE 320 DES MOINES,IA 50314			HEALTH LITERACY PROGRAM	20,000
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES,IA 50309			HEALTHY DEVELOPMENT	40,000
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES,IA 50309			DIRECTOR DESIGNATED GRANT	500
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES,IA 50309			COMMITMENT TO SANCTUARY AND TRAUMA INFORMED CARE	40,000
Total . . . . . ▶ **3a**				492,046

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TY 2014 Accounting Fees Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT FEES	6,200	0		6,200
ACCOUNTING FEES	6,000	0		6,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	1993-09-01	429	429	SL	7 000000000000	0	0		
CONFERENCE TABLE	1995-08-25	1,408	1,408	SL	7 000000000000	0	0		
FILE CABINET	1998-08-03	114	114	SL	10 000000000000	0	0		
OFFICE FURNITURE	2000-05-04	1,081	1,081	SL	10 000000000000	0	0		
FURNITURE	2002-06-04	468	468	SL	10 000000000000	0	0		
FURNITURE	2004-04-01	2,587	2,525	SL	10 000000000000	62	0		
FURNITURE	2004-05-06	1,577	1,527	SL	10 000000000000	50	0		
FURNITURE	2004-09-01	372	345	SL	10 000000000000	27	0		
FURNITURE	2004-09-01	152	140	SL	10 000000000000	12	0		
COMPUTER PRINTER	2006-02-14	1,978	1,978	SL	5 000000000000	0	0		
OFFICE FURNITURE	2006-11-27	3,156	2,238	SL	10 000000000000	316	0		
OFFICE FURNITURE	2007-05-07	520	347	SL	10 000000000000	52	0		
LANIER COPIER/PRINTER	2011-10-18	1,399	607	SL	5 000000000000	280	0		
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	2013-08-22	742	25	SL	10 000000000000	74	0		
OPTIPLEX 9020 MINITOWER	2013-12-19	1,605		SL	5 000000000000	321	0		
OPTIPLEX 9020 MINITOWER	2014-02-11	2,188		SL	5 000000000000	401	0		

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TY 2014 Investments Corporate Stock Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TOTAL CORPORATE STOCKS OWNED	6,528,625	6,528,625

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TY 2014 Investments - Other Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
TOTAL MUTUAL FUNDS	FMV	9,037,013	9,037,013

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TY 2014 Land, Etc. Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FILE CABINET	429	429	0	
CONFERENCE TABLE	1,408	1,408	0	
FILE CABINET	114	114	0	
OFFICE FURNITURE	1,081	1,081	0	
FURNITURE	468	468	0	
FURNITURE	2,587	2,587	0	
FURNITURE	1,577	1,577	0	
FURNITURE	372	372	0	
FURNITURE	152	152	0	
COMPUTER PRINTER	1,978	1,978	0	
OFFICE FURNITURE	3,156	2,554	602	
OFFICE FURNITURE	520	399	121	
LANIER COPIER/PRINTER	1,399	887	512	
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	742	99	643	
OPTIPLEX 9020 MINITOWER	1,605	321	1,284	
OPTIPLEX 9020 MINITOWER	2,188	401	1,787	

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TY 2014 Other Decreases Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	318,862

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TY 2014 Other Expenses Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	1,235	0		1,235
INSURANCE	4,723	0		4,723
OFFICE EXPENSE	1,488	0		1,488
TELEPHONE	2,155	0		2,155
INFORMATION TECHNOLOGY	5,967	0		5,967
SPECIAL EVENTS EXPENSE	150	0		150

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TY 2014 Other Liabilities Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAX	41,000	34,800
ACCRUED FEDERAL EXCISE TAX	0	279

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TY 2014 Other Professional Fees Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	5,400	0		5,400
INVESTMENT FEES	71,617	71,617		0

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TY 2014 Taxes Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	13,684	0		0
FOREIGN TAXES	4,666	4,666		0